



RN SCOPE OF PRACTICE FREQUENTLY ASKED QUESTIONS

The following questions cover a variety of issues related to registered nursing.

General Questions:

Question: Can an RN start his/her own nurse business or corporation?

Yes. RNs as a category of health professionals may open a professional registered nurse business and/or corporation. Business and Professions Code Section 2775-2781 defines nursing corporations and provides the related laws. The BRN does not provide legal advice to RNs who wish to engage in a nursing business and/or corporation. Those RNs who wish to engage in a nursing business need to obtain legal, tax, and insurance information.

Question: Does the BRN endorse any specific type of liability or malpractice coverage for registered nurses?

No. The BRN does not endorse any specific type of professional liability or malpractice insurance. Nursing journals and professional organizations may be helpful in providing possible sources of this type of insurance coverage.

Question: Can a health care worker who is not an RN or LVN, use the word “nurse” in his or her title when talking to patients and the public?

No. Only those individuals who hold the appropriate license to call himself or herself RN or LVN can refer to themselves as nurses. Certified Nursing Assistants are referred to as CNAs.

Question: Is the individual RN’s refusal to work additional hours or shifts grounds for discipline of a RN’s license on the grounds of patient abandonment?

For an act to be considered patient abandonment, the RN must have first accepted the patient assignment and then severed the patient-relationship without giving reasonable notice to the appropriate person, such as the patient or supervisor.

Ordinarily, the BRN does not discipline the RN for exercising her or his right to make an individual professional judgment to accept or decline additional or extended work hours beyond the routinely assigned shift. However, it should be noted that the BRN has no jurisdiction over employment or contract issues.

Question: Why are CPR classes no longer eligible for continuing education contact hours?

All pre-licensure nursing students are now required to have current CPR card before providing care to patients or clients. Thus, CPR is not longer at a level above that required for initial licensure and continuing license (renewal).

Question: Can an RN assess that a patient has expired?

Yes. It is within the RN scope of practice to make an assessment that a patient has expired provided the RN is knowledgeable and competent to do so and there is a written nursing policy and procedure authorizing performance of this procedure. Individual agencies should specify the exact assessment parameters (such as cessation of pulse, respirations, and blood pressure, neurological or papillary response) and documentation expected of the RN performing the function.

General Medication Questions Including IV Medication Activities

Question: Can an RN dispense medication upon the order of a physician?

Yes. Business and Professions Code, Section 2725.1 authorizes a RN to dispense drugs and devices upon the order of a physician and surgeon when the RN is functioning within a licensed clinic, community or free clinic. RN may not dispense Controlled Substances. Nurse Practitioners and Certified Nurse Midwives with a furnishing number and a DEA registration may by approved standardized procedure may dispense drugs and devices including Controlled Substances.

Question: Can RNs prepare a Mediset device and/or a daily pill dispenser?

Yes. The RN may place the patient's legally prescribed medication in a dispensing device to assist the patient in self-administration. The RN is preparing the Mediset or daily pill dispenser from the patient's pharmacy container.

Question: Is it within the RN's scope of practice to administer immunizations without a physician order?

Yes. In accordance with BPC Section 2725 (b)(3), RNs may administer any immunization without a physicians order as long as the RN possesses the knowledge skill and ability to do so competently using current Center for Disease Control schedules and guidelines. Although the Nursing Practice Act provides the RN authority to administer immunizations without a physician order, agency policies and procedures may require that the RN obtain a physician order. Typically, physician offices and free clinics have a medical order which cover immunization administration in these practice settings.

Question: Can an RN provide analgesia prior to IV catheter insertion?

Yes. Nursing health care facilities policies and procedures for intravenous therapy can authorize use of analgesic prior to insertion of IV catheters. Refer to a nursing skills textbook for the procedure or health facility policy and procedure manual. If your health facility requires a physician medical order, then obtain the order.

Question: Can an RN implement a medical order to remove an epidural catheter following epidural analgesia?

Yes. The competent RN may remove an epidural catheter, documenting the removal in the medical record, and continue to assess the patient's response at appropriate intervals.

Question: Can an RN implement the physician order for a range dose medication?

Yes. The competent RN may determine the dose of medication to be administered to the patient within the dose range stated in the medical order. The dose of medication to be administered to the patient is determined by the RN based on patient assessment and knowledge of the medical treatment plan.

Question: Are there any limitations in the Nurse Practice Act related to the insertion of a PICC lines?

No. The insertion of a PICC line requires a formal nursing education program with clinical practicum. Following successful completion of the education program, a knowledgeable and competent RN may place a PICC line pursuant to a medical order.

Question: Can RNs order imaging (x-ray) to verify PICC line placement?

Yes. As part of a health facilities PICC line placement policy and procedure, the PICC RN is authorized to order an x-ray to verify placement prior to initiating therapy. In other instances, the PICC RN may be required to obtain a patient specific medical order for an x-ray to verify placement prior to initiating therapy.

General Questions About Pain Management

Question: Is it within the scope of RN practice to implement prn (as needed) orders for pain medication when the physician authorizes a range of doses?

It is the position of the BRN that RNs have the expertise to assess and manage pain given a range of dosages and frequencies ordered by the physician. The RN will manage the pain based on the patient's self-report of pain and response to medications.

Range of dosages allows the RN to medicate the patient based on the individual patient's self-report and multiple variables such as the patient's activity level, planned treatments, and response to pain medication. The standard of care for RNs in pain management is that pain be managed to maintain as much of a homeostatic state as possible; a range of dosages gives the RN the authority and flexibility to achieve that goal. The physician has the option of writing dose ranges and the RN has the authority to manage patient's pain within the ordered range.

Question: Is it within the scope of RN practice in the emergency room to manage extremity pain under standardized procedures?

An RN with experience in the emergency room, under standardized procedures, can safely implement an Extremity Injury Pain Management Standardized Procedure. In this situation,

emergency room nurses are authorized to administer medications specific to the level of pain reported by the patient, and the authorized medications are consistent with current standards of practice. The BRN's response to this question included the RN's responsibility to assess, evaluate, and document both the pain assessment and the patient's response to the pain treatment.

Question: Is it within the RN scope of practice to accept pain management orders written by a nurse anesthetist?

Nurse anesthetist orders for the preoperative period have always been followed by RNs. In response to the establishment of pain management services in many hospitals, the nurse anesthetist may be writing orders for pain management for patients on acute and sub-acute units. It is the position of the BRN that as long as the nurse anesthetist is functioning in collaboration with physicians, and an approved standardized procedure/ protocol is in place, the RN is legally authorized to implement pain management orders written by the nurse anesthetist.

Is it within the RN scope of practice to administer placebos for management of pain?

As previously published in The BRN Report (Spring 1997), it is the BRN's position that administration of a placebo for pain management does not meet the BRN's intent of informed consent as stated within the BRN's Pain Management Policy. Placebos should only be given when administered as part of an approved research study where all patients are aware they may be receiving a placebo (written informed consent). Use of placebos would breach the basic premise of pain management, which is that patients who report pain are entitled to the best possible treatment reflecting current research on methods that are safe and effective.

Question: Must an RN assess the patient's pain every time the nurse takes a blood pressure?

No. The law does not require a pain rating when the RN is taking only the patient's blood pressure. Pain assessment is based on patient self-report and patients can be asleep and still experience significant pain; appropriate charting would be to write "asleep" for the pain rating.

Registered nurses are required to monitor all five vital signs and take appropriate action based on deviations from normal. In other words, a competent RN intervenes when the patient's pain is not being managed according to the agreed upon comfort level.

In any facility where the patient has a condition where pain is an issue, the RN should consider whether to establish an individual schedule for recording pain assessment more frequently than the routine vital signs schedule.

Registered nurses should remember that *prn* means "as needed according to nurse's judgment." In regards to pain medications that are ordered *prn*, RNs can choose to give the medication routinely, around-the-clock to keep the patient at an agreed upon comfort level. In many acute pain situations, such as post-operative or post-trauma, medications ordered *q4h prn* (every four hours as needed), for example, should be given (or at least offered) *q4h* (every four hours) routinely for the first 24-48 hours to keep ahead of the patient's pain. Research shows that when patient's acute pain is managed around-the-clock and the pain level is kept from becoming severe, the total amount of opioid needed is reduced.